

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150128		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2011	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1402 E COUNTY LINE RD S INDIANAPOLIS, IN46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00093550 Unsubstantiated - lack of evidence, 2 unrelated deficiencies</p> <p>Survey Date: 8-2-11</p> <p>Facility Number: 005109</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 08/09/11</p>			S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0308	<p>15-1.4-2 (c)(6)(B)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(B) Orientation of all new employees, including contract and agency personnel, to applicable hospital, department, service, and personnel policies.</p> <p>Based on document review, the hospital failed to orient 3 of 30 employees to a new Environmental Services procedure</p> <p>Findings:</p> <p>1. Review of hospital Procedure No: 3, entitled WET MOPPING - SINGLE BUCKET, indicated [the employee is to] prepare germicide solution following Label instructions. Mix only enough solution to take care of the immediate requirements.</p> <p>2. On 8-2-11 at 1:45 pm, upon interview, Employee #A5 indicated, in early May, 2011, the hospital had changed the process described in hospital Procedure No: 3, above. The employee also indicated the method was now automated and not manual for mixing the chemical</p>			S0308	<p>Three Employees were not trained on the new dispensing system. These individuals were not on the work schedule for that day. On August 8th, 2011, these three individuals received training and this was documented on the training log. Facilities Director, and EVS Manager were responsible for the training. The education process has been reviewed and updated to insure that all staff are trained in new systems/processes, and documented on the training completion log. Facilities Director and the EVS Manager remain responsible for training all employees prior to implementation of new procedures and monitoring compliance.</p>		08/08/2011

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	<p>with water. The employee further indicated Environmental Services staff who customarily staffed the ED (Emergency Department) or were on-call, if summoned to clean in that area, had received an in-service to the new process.</p> <p>3. Review of a document entitled EDUCATIONAL OFFERING ATTENDANCE SHEET, Wexford Lab In-Service / Johnson's J-fill, indicated 30 employees had received in-service to the new process.</p> <p>4. An ESV staffing list for July 12, 2011 was provided by Employee #A4 which indicated all hospital Environmental Services staff who customarily staffed the ED or were on-call, if summoned to clean in that area. Review of that list, when compared to the above-mentioned EDUCATIONAL OFFERING ATTENDANCE SHEET document, indicated Employees PF#37, PF#38 and PF#39 were not on the EDUCATIONAL OFFERING ATTENDANCE SHEET document.</p> <p>5. On 8-2-11 at 2:00 pm, upon interview, Employee #A4 indicated Employees PF#37, PF#38 and PF#39 had not received any in-service on the new process.</p>						

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S1118	<p>6. On 8-2-11 Employee #A4 was requested to provide any documentation of Employees PF#37, PF#38 and PF#39 having received in-service to the new process and none was provided prior to exit.</p> <p>410 IAC 15-1.5-8 (b)(2)</p> <p>(b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on observation, the hospital created conditions which resulted in a hazard to patients, public or employees in 1 instance.</p> <p>Findings:</p> <p>1. On 8-2-11 at 11:10 am in the presence</p>			S1118	<p>An alcohol based hand sanitizer was found near an electrical outlet. It was recognized that this could be a hazard, and the sanitizer was removed, and relocated to another area. Facilities Director was responsible for moving and insuring this was placed in a safe area. Maintenance staff reviewed</p>		08/02/2011

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	<p>of Employee #A1, it was observed in the ED, on a wall adjacent to the Nursing Station and Pantry, there was an alcohol-based hand sanitizer (ABHS) above an electrical outlet (ignition source). It was further observed there was some sort of residue (staining?) streaking down the wall directly below the ABHS and above the electrical outlet.</p> <p>2. Due to the location of the ABHS being above the ignition source and evidence of some sort of residue streaking down the wall directly below the ABHS, this posed a fire hazard if the flammable alcohol was sprayed or dropped into the electrical ignition source.</p>				<p>all other stations in the area, and found all other sanitizers were in compliance. Facilities Director will be responsible for monitoring the area to assure that another hand sanitizer will not be placed there in the future.</p>		